

### "FEE ADDRESS" INDICATION FORM

Address to:  
Mail Stop Issue Fee  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450


|   |  |
|---|--|
| Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the following address: |  |
| <input checked="" type="checkbox"/> Customer Number   | <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">53493</div> → <div style="border: 1px solid black; display: inline-block; padding: 2px 10px; margin-left: 20px;">Place Customer Number Bar<br/>Code Label Here</div> |
| <b>OR</b>   | <i>Typed Customer Number here</i>  |
| <input type="checkbox"/> Request for Customer Number (PTO/SB/125) attached hereto                 |  |
| <b>OR</b>   |  |
| <input type="checkbox"/> Firm or<br>Individual Name   |  |
| Address   |  |
| City  | <div style="display: flex; border-bottom: 1px solid black;"><div style="flex: 1;"></div><div style="flex: 1;"></div><div style="flex: 1;"></div><div style="flex: 1;"></div><div style="flex: 1;"></div></div>                                       |
| Country   |  |
| Telephone   | <div style="display: flex; border-bottom: 1px solid black;"><div style="flex: 1;"></div><div style="flex: 1;"></div><div style="flex: 1;"></div></div>   |

in the following listed application(s) for which the Issue Fee has been paid or patent(s).

| PATENT NUMBER<br>(if known) | APPLICATION NUMBER  |
|-----------------------------|---|
|                             | 10/748,898<br><br>Docket No. RPS920030166US2<br>(LEN-10-6137) |

(check one)

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest
- ☒ Attorney or agent of record 41,697  
(Reg. No.)
- ☐ Assignment recorded at Reel        Frame

  
\_\_\_\_\_  
Signature  
PATRICK J. DAUGHERTY  
\_\_\_\_\_  
Typed or printed name  
440-391-5100  
\_\_\_\_\_  
Customer's telephone number  
3-5-2007  
\_\_\_\_\_  
Date